



UNITED STATES PATENT AND TRADEMARK OFFICE

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DAVID R. MARSH
ARNOLD & PORTER
555 12TH STREET NW
WASHINGTON DC 20004

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MAY 3 1 2002

OFFICE OF PETITIONS

In re Application of	:	
Cao, et al	:	
Application No. 09/819,091	:	LETTER
Filed: February 16, 2000	:	
Attorney Docket No. 16517.124	:	

This is in response to the Request for Refund filed March 29, 2002.

The request for refund is granted. Therefore, a total of \$870.00 is being refunded to Deposit Account No. 50-1824 as requested.

Any questions concerning this matter may be directed to the undersigned at (703) 305-8859.

The application file is being forwarded to Technology Center Art Unit 1649 for processing the request for express abandonment.

Karen Creasy
Karen Creasy
Petitions Examiner
Office of Petitions
Office of the Deputy Commissioner
for Patent Examination Policy

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7-21-01

2 Serial/Patent # 09819091

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition	4	7-13-01	\$ 130
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT
OF REFUND

\$ 130

10 REASON:

☐ Overpayment

☐ Duplicate Payment

☒ No Fee Due (Explanation):

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/c #:

9 50--1824

*Pts mishandling of originally filed
app papers*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

SIGNATURE: J Hicks

OFFICE: 4700

TITLE: Bets Eyn

PHONE: 205-8680

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: Aiana Chase

DATE: 7/23/01

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS
[FORM NUMBER PTO-1577]**

Fill out the form completely, and print or type all information.

1. **DATE OF REQUEST:** Enter the date you fill out the form.
2. **SERIAL/PATENT #:** Enter the Serial or Patent Number.
3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "Other _____" and print or type the fee type on the following blank line.
4. **PAPER NUMBER:** Enter the **PAPER NUMBER** of the document for which a refund is requested. [PAPER NUMBER refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]
5. **DATE FILED:** Enter the Mailroom Date of the document for which a refund is requested.
6. **AMOUNT:** Enter the dollar amount of the refund.
7. **TOTAL AMOUNT OF REFUND:** Add the dollar amounts in the column labeled **AMOUNT** and enter the total in the box.
8. **TO BE REFUNDED BY:** Enter a check mark or an X in the box preceding **TREASURY CHECK OR CREDIT DEPOSIT A/C #** to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, stamped with the **FEE ACCOUNTABILITY STAMP** with the amount of the refund circled.
9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.
10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
11. **REFUND REQUESTED BY:** Only PTO personnel formally authorized to request refunds should enter their **NAME**, **TITLE**, **PHONE NUMBER**, **OFFICE** and **SIGNATURE** on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

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Mail or hand-carry the completed form with attachment(s) to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

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7-13-01

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Pto mishandling of originally filed
appl papers

11. REFUND REQUESTED BY:

TYPED/PRINTED NAME:

SIGNATURE: [Signature]

OFFICE: 4700

TITLE: Betsy Eyn

PHONE: 305-8680

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: [Signature]

DATE: 7/23/01

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